

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22 1932

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

514

1. PLACE OF DEATH  
County Liberty Registration District No. 201  
Township Liberty Primary Registration District No. 5280  
City Nashua (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Michael L. Gilbert  
(a) Residence, No. Nashua #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellie M. Gilbert  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19-1858  
7. AGE YEARS 73 MONTHS 2 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) about death 11. Total time (years) spent in this occupation 60  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Callaway Co. Mo  
13. NAME Orlando Gilbert  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.  
15. MAIDEN NAME Mary Phillips  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT Ellie M. Gilbert (ADDRESS) Nashua, Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Chandler Mo DATE 1/31/32  
19. UNDERTAKER Church - Archer Co (ADDRESS) Chandler Mo  
20. FILED 2/1/32 19 W. H. Anderson Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1932  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
By Hanging (Suicide) Date of onset 165  
Other contributory causes of importance 165  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 1/29, 1932  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 5  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. L. Hyatt - Coroner Chandler Mo, M. D.  
(Address) Liberty, Mo

